

# Arizona Health Improvement Plan



Rural & Urban Underserved Health

2021-2025





# Acknowledgements

The Arizona Health Improvement Plan (AzHIP) was developed collaboratively with input from partners and stakeholders across the state.

## The plan received input from:

- The AzHIP Steering Committee, comprised of multi-sector leaders engaged in the public health system;
- [Core and Work Team members](#);
- Community partner and stakeholder forum participants;
- Attendees of the annual AzHIP summits; and
- On-line survey responses from subject matter experts.

The Arizona Department of Health Services (ADHS) thanks everyone who contributed their time, ideas, and expertise to building the AzHIP and the vision of Healthy People, Healthy Communities.

# AzHIP Steering Committee Members

**Dr. Cara Christ - Co-Chair**

Arizona Department of Health Services

**Suzanne Pfister - Co-Chair**

Vitalyst Health Foundation

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Arizona Department of Veterans' Services



# Letter from the Director

Dear Arizonans,

I am honored to share the 2021-2025 Arizona Health Improvement Plan (AzHIP) with you. The AzHIP is a plan for the entire state, which was developed by, and reflects the commitment of, public health, community partners, and dedicated stakeholders at the state and local levels to improving health in our communities.

In 2016, we shared the first AzHIP providing a five-year roadmap with 13 health priorities and four cross-cutting issues, including Access to Care, Built Environment, School Health, and Worksite Wellness. Over 350 unique action items were completed as a part of these priority areas to address key public health issues in Arizona. This work would not have been possible without the numerous partners who contributed to the development of the plan and especially those who took action across the state to support the various strategies.

The 2021-2025 AzHIP continues our dedication to improving the health and wellness of all Arizonans. The plan was developed using a process to bring together a network of partners to align resources and efforts. As progress of the first plan continues, this iteration focuses on a smaller number of priorities which underlie multiple health issues and disparities. The vision of each of the priorities reflect collective action taken by multiple partner organizations to achieve the goals and actions set forth.

Thank you to everyone who helped develop this plan and to all who will contribute to its implementation.

A handwritten signature in black ink, reading "Cara M. Christ MD". The signature is fluid and cursive, with the letters "C", "M", and "C" being particularly prominent.

Cara M. Christ, M.D.  
Director  
Arizona Department of Health Services

# Summary & Background

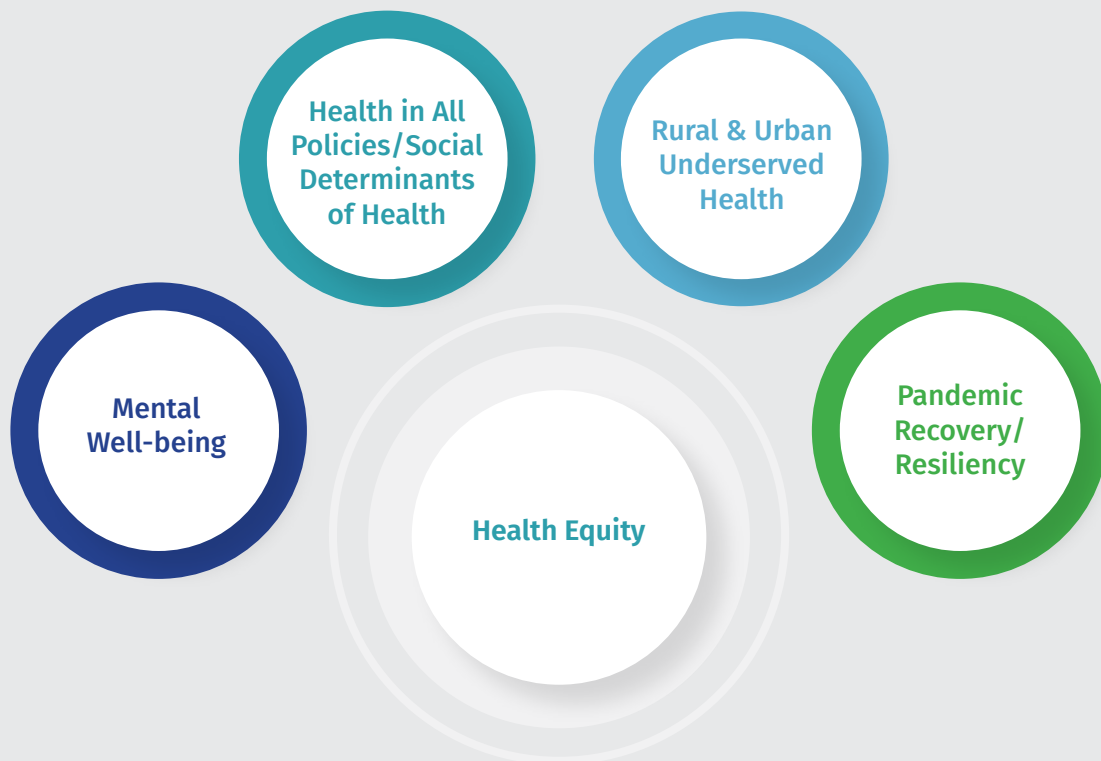
The AzHIP provides a structure and a venue bringing together a networked system of partners to improve the health of communities and individuals across Arizona. Driven by data and community participation, the AzHIP includes input from individuals and organizations who comprise the public health system. The plan aligns the state on common goals by enhancing non-traditional partnerships, focusing work on priority areas, breaking silos, and leveraging [community health improvement plans](#) (CHIPs) statewide. By identifying priorities specific to Arizona's needs, the plan can make the greatest impact on health promotion and disease prevention.

The first plan spanned 2016-2020 and described how ADHS and community partners and stakeholders worked together to address four cross-cutting issues and 13 health priority issues to significantly impact large numbers of Arizonans.

The 2021-2025 AzHIP builds on the progress of the 2016-2020 AzHIP and consists of five strategic priorities which focus on underlying health issues and significant overarching health disparities faced by Arizonans, including impacts of the COVID-19 pandemic.

The process to set the new priorities for 2021-2025 included a collaborative approach informed by the [State Health Assessment](#), which provides a snapshot of health and wellbeing in Arizona, presentations to stakeholders, a partner survey, and Summit participation. Centered on Health Equity, the AzHIP provides a unique opportunity to transform the health of our communities through strong, innovative partnerships.

## AzHIP 2021 - 2025 Priorities



With the guidance of the AZHIP Steering Committee, a [Core Team of subject matter experts](#) and community leaders for each priority team drafted the vision, goals, and overarching strategies of this plan.

To ensure the **5-year plan** is flexible and can account for emerging health issues, the initial action plans focus on **18-24 months** of work. Work on the Pandemic Recovery & Resiliency priority is in progress and will be an update to the plan when complete.

The teams referenced relevant literature, evidence based and promising practices, and the [10 Essential Public Health Services](#) and [Healthy People 2030](#) frameworks as guides in their approach to, and development of, tactics and actions.

Where appropriate, the priority teams leveraged additional subject matter experts as subgroups to bring a detailed focus to proposed actions. Key in the development of each priority were statewide forums to capture and incorporate community input. **Over 380 attendees** participated in the four Forums [providing valuable feedback](#), including suggestions of tactics, incorporating existing efforts, and volunteering to lead actions.

**Additionally, priority teams considered the following:**



As part of the integration of health equity, attention to cultural humility is embedded in all of the 2021-2025 priorities. Cultural humility acknowledges that someone's culture can only be appreciated by learning from that person. Attributing traits or attitudes to members of a certain group may not be accurate or helpful in understanding them<sup>1</sup>.

**The AzHIP will be implemented by a wide range of public and private partners, including:**

**State agencies**

**Local health departments**

**Community-based organizations**

**Employers and private organizations**

**Universities**

**Local non-profits**

**Other local agencies and organizations**

<sup>1</sup>National Association of Chronic Disease Directors, <https://chronicdisease.org/state-health-department-organizational-self-assessment-for-achieving-health/>



# Priorities

Numerous community and stakeholder forums were held during the planning of the 2021-2025 Arizona Health Improvement Plan (AzHIP). In total, over 500 individuals participated from both private and public organizations across the state. These forums were designed to ensure the AzHIP priorities were meaningful and addressed the most important issues to Arizonans.

Attendee feedback was captured and reviewed by each AzHIP priority team with the intent of including as much as possible for the first 18-24 months of the plan. Additional ideas can be found on the [Forum Suggestions](#) page as they will be reviewed periodically throughout the life of this 2021-2025 AzHIP and incorporated into the action plans whenever possible.

**Note:** Leading organizations of tactics and/or action steps have been noted in parentheses.

# Rural & Urban Underserved Health

Despite coordinated state and federal programs leading to new access points and increased availability of affordable health care through discounted/sliding fee scale clinics and additional providers, Arizona continues to experience a disproportionate distribution of primary care providers, as well as economic and environmental barriers to care.

Arizona has a diverse population with approximately **46%** of Arizona's population belonging to a racial or ethnic minority group which is different from that of the nation. Currently, the Arizona population composition is White, non-Hispanic at **55.4%**, Hispanic at **31.7%**, African American at **4.9%**, American Indian at **4.2%** and Asian at **3.9%**. It is important to acknowledge that Arizona is home to **21** federally recognized American Indian tribes and has the largest total American Indian population of any state. This diversity illustrates the need and opportunity to build a workforce that is reflective of the communities and people of Arizona. Additionally, culturally and linguistically appropriate health care services continue to be needed in Arizona.

While uninsured rates dropped over the past two years and more residents enrolled in Arizona's Medicaid Program, Arizona continues to have higher numbers of uninsured adults and children. Arizona Healthcare Cost Containment System's (AHCCCS) enrollment continued to grow during the pandemic. The need for sliding fee scale and safety net clinical sites statewide remains a priority as these sites assist with screening, navigation, and facilitation in the identification of public insurance options.

## VISION

Understanding and addressing health disparities uniquely impacting rural and underserved Arizonans, including Latinx, Black, American Indian, older adults, and other identified underserved communities.

## GOAL

Increase the number of healthcare providers in rural areas.

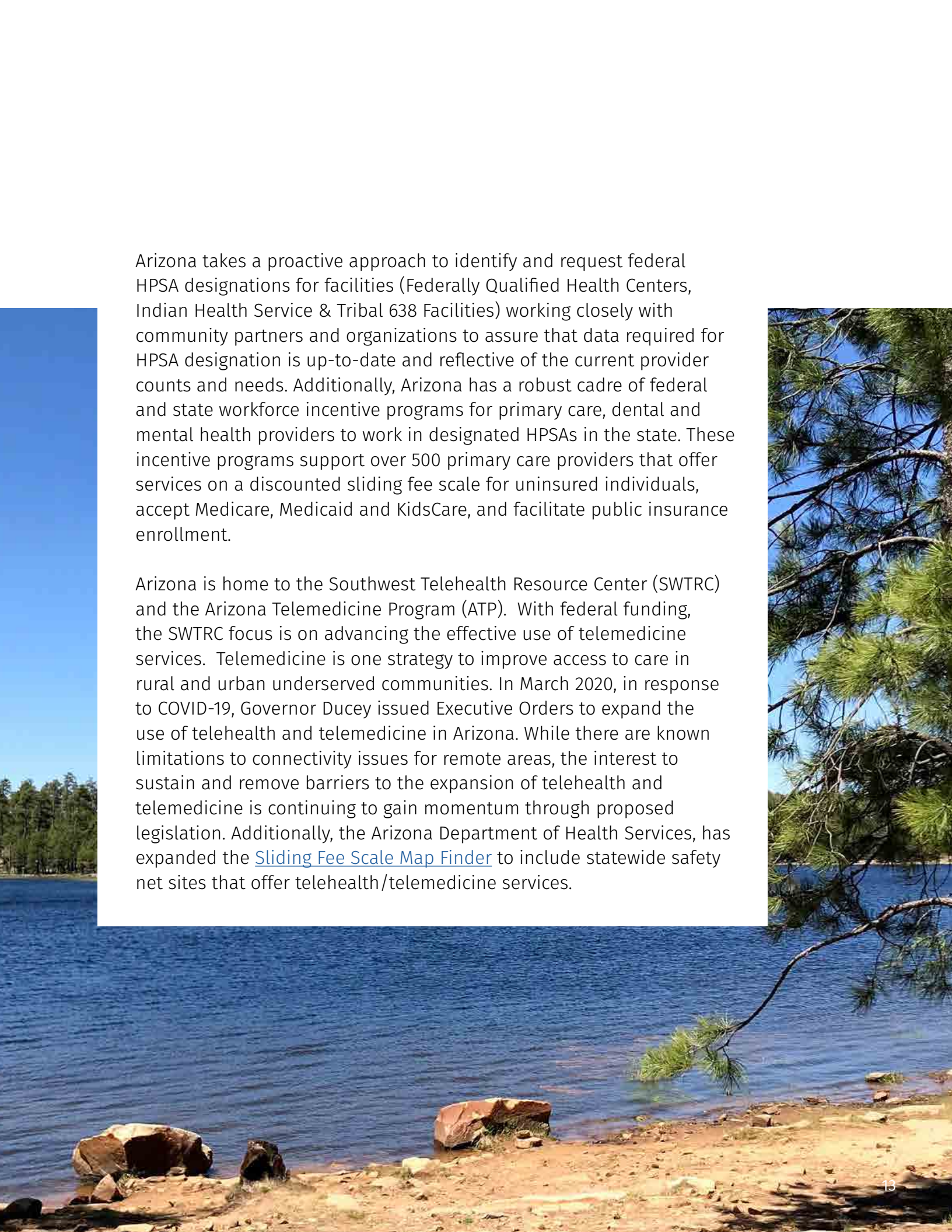




With few major highways, the state's vast geographic features and lack of mass transit systems present significant barriers to transportation. The Phoenix-area metro transit system is very limited for an urban area of its size, and public transportation is nonexistent in rural areas of the state. Arizona's population is dispersed among remote rural and frontier communities. These residents often have to endure long drives, sometimes over dirt roads, to access healthcare. Concerns over travelling through border patrol road checkpoints present additional barriers to some families. Access to technology, such as broadband connectivity, is also limited in many of the state's rural and frontier areas. Affordability and access to technology is often a challenge in urban underserved areas due to cost. These challenges demonstrate an opportunity to expand telemedicine and telehealth.

Arizona continues to experience a shortage of medical providers for a variety of reasons. Recruiting providers to rural areas is often difficult due to the appeal of higher salaries, school districts and community amenities that urban areas can offer. Even in urban areas, Arizona's healthcare workforce has not kept pace with the state's rapid population growth. These realities are quantified by the total of **587** federally designated [Health Professional Shortage Areas \(HPSAs\)](#). This includes **201** primary care, **192** dental, and **194** mental health HPSA designations. There are also **36** Medically Underserved Areas and **11** Medically Underserved Population designations in the state. Arizona needs an additional **560** full-time primary care physicians, **380** dentists, and **181** psychiatrists statewide to eliminate the existing HPSAs.





Arizona takes a proactive approach to identify and request federal HPSA designations for facilities (Federally Qualified Health Centers, Indian Health Service & Tribal 638 Facilities) working closely with community partners and organizations to assure that data required for HPSA designation is up-to-date and reflective of the current provider counts and needs. Additionally, Arizona has a robust cadre of federal and state workforce incentive programs for primary care, dental and mental health providers to work in designated HPSAs in the state. These incentive programs support over 500 primary care providers that offer services on a discounted sliding fee scale for uninsured individuals, accept Medicare, Medicaid and KidsCare, and facilitate public insurance enrollment.

Arizona is home to the Southwest Telehealth Resource Center (SWTRC) and the Arizona Telemedicine Program (ATP). With federal funding, the SWTRC focus is on advancing the effective use of telemedicine services. Telemedicine is one strategy to improve access to care in rural and urban underserved communities. In March 2020, in response to COVID-19, Governor Ducey issued Executive Orders to expand the use of telehealth and telemedicine in Arizona. While there are known limitations to connectivity issues for remote areas, the interest to sustain and remove barriers to the expansion of telehealth and telemedicine is continuing to gain momentum through proposed legislation. Additionally, the Arizona Department of Health Services, has expanded the [Sliding Fee Scale Map Finder](#) to include statewide safety net sites that offer telehealth/telemedicine services.

## Address Health Professional Shortage by building a diverse healthcare workforce

### Tactic A

Develop strategies to reduce financial and other barriers for underserved students in health professions education programs

### Tactic B

Build/grow healthcare workforce which is representative of the communities served

### Tactic C

Quantify healthcare professional shortages in rural & urban underserved areas

### Tactic D

Develop a curriculum to address local community priorities/concerns

### Tactic E

Implement curriculum with consideration of tribal communities needs and cultural understanding

### Arizona Health Professional Shortage Areas (HPSAs):

220 Primary Care HPSAs

558

physicians needed to eliminate shortage

211 Dental HPSAs

381

dentists needed to eliminate shortage

213 Dental HPSAs

182

psychiatrists needed to eliminate shortage





## Maximize utilization of CHWs/CHRs in clinical settings

### **Tactic A**


**Integrate community-based CHWs into primary care/  
medical practices to expand access to care and address  
social determinants of health (SDOH)**

### **Tactic B**

**Identify and inventory resources to support/attract (public  
funders) at various levels (federal, state, private, etc.)**

### **Tactic C**

**Explore reimbursement strategies for CHWs**



## **Improve Indian (IHS/Tribal/Urban) Health by increasing access to care, reducing systems barriers, and strengthening infrastructure**

### **Tactic A**

Establish a joint effort between ADHS/Arizona Advisory Council on Indian Health Care (AACIHC)/DES/AHCCCS/First Things First to identify initiatives which addresses and improves Tribal needs (access to care, reducing systems barriers, and strengthening infrastructure)

### **Tactic B**

Inform state and Tribal leaders of AzHIP goals specific to ITU and identify commitments and resources to achieve them

### **Tactic C**

Initiate data mining/reporting initiatives which will help identify and prioritize issues

### **Tactic D**

Expand telehealth in rural and underserved areas – Augment tribal ability to provide care via telehealth

# Improve Maternal Health Outcomes

## Tactic A

**Increase pregnant and postpartum women's awareness on postpartum warning signs**



**Mental health contributed to one in four pregnancy-associated and pregnancy-related deaths in Arizona between 2016-2017.**

Source: Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020. Accessed: <https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf>

## Tactic B

**Improve the access to care for pregnant and postpartum women in Arizona**



**Over 50% of 2016-2017 pregnancy-associated deaths in Arizona occurred between 42 days and 1 year postpartum.**

Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020. Accessed: <https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf>

# Improve Maternal Health Outcomes

## Tactic C

### Support workforce and workforce capacity that serve pregnant and postpartum women in Arizona



**Women residing in Arizona's rural areas experienced higher maternal mortality (94.0 per 100,000 live births vs 76.1) between 2016-2017 and higher severe maternal morbidity rates (155.6 per 10,000 delivery hospitalizations vs 114.8) than women living in urban areas between 2016-2019.**

Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020.  
Accessed: <https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf>



**American Indian or Alaska Native women in Arizona experienced severe maternal morbidity (severe complications during labor and delivery) at almost 4 times the rate of White Non-Hispanic women in Arizona between 2016-2019. African American women experienced severe maternal morbidity rates at over 2 times greater than White Non-Hispanic women in Arizona between 2016-2019.**

Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020.  
Accessed: <https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf>

## Tactic D

### Improve surveillance of maternal mortalities and morbidities

# Improve Maternal Health Outcomes

## Tactic E

Support the systems of care that serve pregnant and postpartum women in Arizona



**Substance use contributed to over 40% of all pregnancy-associated deaths in Arizona between 2016-2017.**

Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020.  
Accessed: <https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf>



# Detailed Action Plan





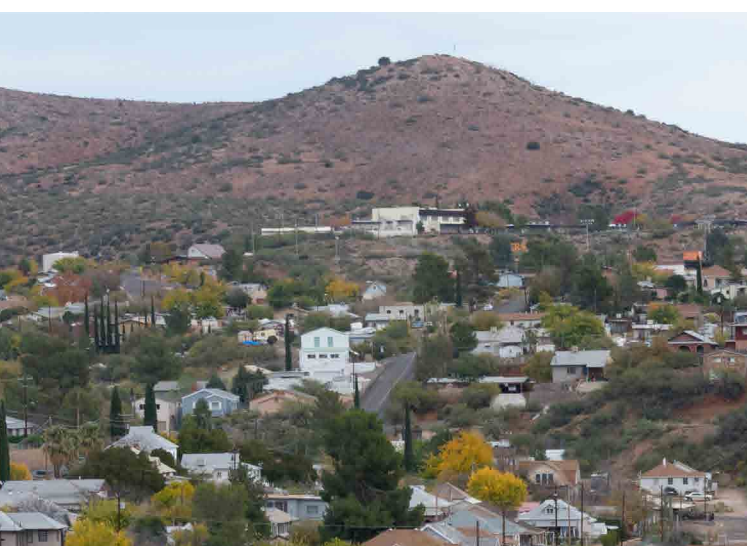
# Rural & Urban Underserved Health

## VISION

Understanding and addressing health disparities uniquely impacting rural and underserved Arizonans, including Latinx, Black, American Indian, older adults, and other identified underserved communities.

## GOAL

Increase the number of healthcare providers in rural areas.



# Address Health Professional Shortage by Building a Diverse Healthcare Workforce

## Tactic A

### **Develop strategies to reduce financial and other barriers for underserved students in health professions education programs (Arizona Area Health Education Centers (AzaHEC), Community Colleges, College/Universities, High Schools, others TBD)**

- Inventory, analyze, and perform gap analysis of existing strategies.
- Establish partnerships between academic institutions to develop pathway programs for underserved students. Consider scholarships, tuition remission, training in high needs communities.
- Provide students support, beyond financial (e.g., childcare/eldercare, transportation, tutoring/educational support, formal/informal mentoring, test preparation, connectivity/equipment).
- Identify and share best practice models for replication (e.g., Pharmacy Tech Program - Tuba City Regional Health Care Corporation, Public Health Certificate Program - Dine College, Western Arizona AHEC MA program).
- Develop communications to inform students in underserved areas about scholarships, financial aid, mentorships, etc.

## Tactic B

### **Build/grow healthcare workforce which is representative of the communities served (AzaHEC)**

- Convene and partner with academic institutions to develop professional pathways for entry level health professionals to advance their careers. (e.g., certified nursing assistant (CNA) to licensed practical nurse (LPN) to registered nurse (RN), Community Health Worker/Representative (community health worker (CHW)/community health representative (CHR)) to allied health professions)
- Explore paid training opportunities, including Federally funded workforce opportunities, apprenticeships, and internships.
- Identify target audiences and partner with organizations to deliver training.
- Build opportunities and career fairs that focus and prioritize diverse student bodies about becoming a provider and serving in rural areas in Arizona.



# Address Health Professional Shortage by Building a Diverse Healthcare Workforce

## Tactic C

### **Quantify healthcare professional shortages in rural & urban underserved areas (Center for Rural Health)**

- Align issues and access to retention of healthcare professionals.
- Use data to identify tactics to address recruitment and retention of healthcare professionals.
- Leverage a new healthcare workforce repository that is up and collecting data for doctors of osteopathic (DO), medical doctors (MD), nurses, and behavioral health providers.

## Tactic D

### **Develop a curriculum to address local community priorities/concerns (University of Arizona, NAU, Grand Canyon University, ASU, post-high school)**

- Identify specific communities in greatest need and determine the respective needs of each.
- Provide specific and detailed messaging to groups (demographic, community, etc.).
- Develop a curriculum which meets identified needs – leverage existing collateral where possible.
- Align efforts with CHW certification requirements.

## Tactic E

### **Implement curriculum with consideration of Tribal communities needs and cultural understanding (Center for Rural Health)**

- Work with tribal and community colleges to further establish health career curriculums which consider specific needs and cultural understanding of tribal communities.
- Create a level of awareness of where shortages exist and develop training opportunities to address shortages.
- Convene and develop processes/mechanisms for communication of opportunities between the education community and healthcare providers community.

# Maximize Utilization of CHWs/CHRs in Clinical Settings

## Tactic A

### **Integrate community-based CHWs into primary care/ medical practices to expand access to care and address social determinants of health (SDOH) (AzCHOW, University of Arizona PRC, Indian Health Service (IHS)-Chinle)**

- Educate healthcare teams on the role and benefits of the CHW workforce.
- Engage clinical teams to assess clinical roles and identify best practices and opportunities for CHW involvement within the clinical setting.
- Assess current CHW knowledge, skills, and abilities to participate in the patient plan of care to determine training needs.
- Identify external training, certification, and educational opportunities.
- Create a resource which brings together multiple sources which will help individuals navigate the systems and processes associated with vocational training programs.
- Assess opportunities in technical institutes/schools and drive awareness with individuals to grow the pipeline of healthcare professionals.
- Evaluate levels of access which are required and develop a proposal which would enable CHW/R to have access to Electronic Health Records (care plans) as appropriate.

## Tactic B

### **Identify and inventory resources to support/attract (public funders) at various levels (federal, state, private, etc.) (AzCHOW, ADHS)**

- Advocate and identify financial aid opportunities (reimbursement).
- Recommend policy changes which provide financial aid opportunities to support CHW training.

## Tactic C

### **Explore reimbursement strategies for CHWs (AzCHOW, ADHS)**

- Develop a pilot program among primary care providers (Community Health Centers), tribes, and insurance payers to reimburse for the work done by CHWs.
- Share ideal modeling health care clinics on the advantages of the CHW and how to best implement into their work force.



## Improve Indian (IHS/Tribal/Urban) Health by Increasing Access to Care, Reducing Systems Barriers, and Strengthening Infrastructure

### Tactic A

**Establish a joint effort between ADHS/Arizona Advisory Council on Indian Health Care (AACIHC)/DES/AHCCCS/First Things First to identify initiatives which addresses and improves Tribal needs (access to care, reducing systems barriers, and strengthening infrastructure) (ADHS, AHCCCS)**

- Establish MOU between ADHS, AACIHC, DES, AHCCCS, First Things First (FTF) which target tribal needs.
- Identify resources which support policy, system, and environmental change.
- Identify (quarterly/annual) reporting on Native American health which would highlight in reports back to the tribes.
- Coordinate with state programs and resource and financial investments in American Indian/American Native health by providing training on funding opportunities, contracts from the state.
- Engage in and contribute to cross-cultural training for new state agency workers.

### Tactic B

**Inform state and Tribal leaders of AzHIP goals specific to ITU and identify commitments and resources to achieve them (AACIHC, ADHS)**

- Implement a state/local health department governance classification system, important statutory considerations, and how tribes can successfully work with state and local health departments.
- Assemble all the tribal liaisons in health for cross collaboration.
- Develop and communicate webinars on how tribes have increased access to care, highlighting best practices at the tribal level; develop case studies to be shared with other tribes.

# Improve Indian (IHS/Tribal/Urban) Health by Increasing Access to Care, Reducing Systems Barriers, and Strengthening Infrastructure

## Tactic C

### **Initiate data mining/reporting initiatives which will help identify and prioritize issues (Inter Tribal Council of Arizona (ITCA) Navajo Epi Center, ADHS, AHCCCS)**

- Create a data collection task force which is aligned with Tribal priorities.
- Develop and deliver training on available data, accessing it, and utilizing the data/tools.
- Develop best practices on data sharing agreements, how to negotiate, or how to share data.
- Build training partnerships (along with a toolkit) to support tribes gathering information at the local level - in partnership with ITCA and Navajo Nation.
- Develop a data dissemination plan which includes stakeholder presentation for input and recommendations.

## Tactic D

### **Expand telehealth in rural and underserved areas – Augment tribal ability to provide care via telehealth (Arizona Telemedicine Program, University of Arizona)**

- Gather assessments of broadband, internet, telehealth infrastructure for Tribes.
- Maximize, promote, and connect through use of partnership with the Arizona Telemedicine Program.
- Support and explore (identify) telemedicine resources to cover equipment costs (telemedicine start-up costs, equipment purchases, remote access monitoring systems, and staff training).
- Provide targeted technical assistance to Tribes on telehealth/telemedicine reimbursement, coding, documentation, etc.
- Support (identify) long-term resources to build broadband infrastructure in areas with no or less than ideal internet connections.



# Improve Maternal Health Outcomes

## Tactic A

### **Increase pregnant and postpartum women's awareness on postpartum warning signs (ADHS, March of Dimes, County Health Departments, First Things First (FTF))**

- Educate patients, parents, family members, and health professionals (home visitors, breastfeeding consultants, etc.) on postpartum warning signs that are culturally appropriate and reflect the needs of communities at the highest risk.
- Incorporate the role of men/partners in campaigns to drive awareness and understanding (of partners) in their role in the 4th trimester/postpartum care keeping in mind cultural norms and health literacy of the target populations.
- Develop and implement campaigns focused on mental health and substance use awareness, stigma reduction, and culturally sensitive.

## Tactic B

### **Improve the access to care for pregnant and postpartum women in Arizona (AHCCCS, AACHC, ADHS, Arizona Family Health Partnership, IHS)**

- Adopt maternity care incentive plans or family levels of care models to optimize maternal health care during and after pregnancy.
- Ensure women have covered access to the full range of reproductive resources, including inpatient postpartum LARC.
- Ensure women have access to oral health services during pregnancy by partnering with the Arizona Oral Health Coalition, FTF and county health departments to provide best practice messaging for pregnant women on accessing oral health care.
- Identify resources and agencies that provide one-on-one case management tailored to adolescent pregnant moms to assist them with the continuum of care.
- Expand AHCCCS coverage to women one year postpartum (mental health screenings, continuum of care for mother and child) while reducing overall barriers to enrolling by allowing presumptive eligibility for pregnant women to increase early prenatal care access.
- Identify opportunities to expand and diversify the maternal health workforce, including midwifery, doulas, CHWs, and certified peer specialists through recruitment and incentive programs such as loan repayment.

# Improve Maternal Health Outcomes

## Tactic C

### **Support workforce and workforce capacity that serve pregnant and postpartum women in Arizona (ADHS, AzHHA, AACHC, APT, ITCA, Navajo Nation)**

- Support healthcare facilities in adopting health equity frameworks to include racial equity training (e.g., Implicit Bias Training), equitable hiring practices, strategies to address SDOH in patients, and equitable physical environments.
- Enhance statewide workforce development opportunities to advance primary care, emergency care, and rural provider skills and awareness of conditions across perinatal periods, including education on conditions needing immediate stabilization for ED providers and procedures for perinatal transport.
- Provide training on the use of culturally appropriate universal screening for Mental Health Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire-9 (PHQ-9) and Substance Use Disorders (4 P's Plus, National Institute on Drug Abuse (NIDA), screening, brief intervention and referral to treatment (SBIRT)) for all pregnant persons in Arizona. Identify appropriate affordable referral sources.
- Strengthen the revitalization of cultural birthing practices in African American, indigenous, and people of color communities throughout Arizona, by supporting community-based initiatives like indigenous doula training and reimbursement for other traditional healers.

## Tactic D

### **Improve surveillance of maternal mortalities and morbidities (TBD)**

- Encourage healthcare providers of all types to leverage Health Current as a statewide, universal medical record and prescription drug monitoring/medication reconciliation program.

# Improve Maternal Health Outcomes

## Tactic E

### **Support the systems of care that serve pregnant and postpartum women in Arizona (AHCCCS, DES, ADHS)**

- Ensure patients who are uninsured or underinsured have access to affordable and appropriate services or supplies, including supplies to manage their conditions (e.g., glucose monitors, insulin), access to dental services, healthy food (particularly to support appropriate weight gain during pregnancy), housing assistance programs, mental health or substance use services, and childcare services.
- Expand models of funded perinatal peer support and group prenatal care programs to support women with perinatal mood disorders, substance use disorders, experiences of Domestic Violence or Intimate Partner Violence, or loss of a child, ensuring that these programs are culturally appropriate and trauma informed.
- Explore opportunities to leverage pediatricians to educate/influence/assess mother's health needs and encourage follow-up appointments (women-postpartum).
- Establish more systematic referral and follow-up services to support women and families experiencing mental health conditions, substance use, domestic violence, or other SDOH needs.
- Explore chronic disease management models for pregnant and postpartum women.
- Implement safety bundles from the Alliance on Innovation for Maternal Health (AIM) to all birthing facilities in Arizona.
- Partner with AACHC to expand and inform the Federally Qualified Health Center (FQHC) provider network on Alliance for Innovation in Maternal Health safety bundle strategies.
- Strengthen relationship with Tribal healthcare/birthing facilities to improve maternal safety and outcomes by focusing on the wellbeing of mothers and children both during pregnancy and after birth also improving access to culturally appropriate treatment.
- Disseminate and explain Maternal Mortality (MM) and Severe Maternal Morbidity (SMM) findings to families, providers, communities, and systems to elevate areas of opportunity to improve maternal health outcomes, particularly as they relate to mental health, substance use, and domestic violence.

# Plan Implementation

The AzHIP is an important resource for all Arizona public health system partners. Organizations can align their work with the overarching statewide goals and objectives for health improvement in these priority areas or identify strategies for their own health improvement efforts.

This is a living document intended to be monitored and evolve during its duration. These strategies and tactics are an important starting point in addressing the priorities, but it is expected they will continue to develop as teams begin working to implement them. Progress to this plan will be communicated via periodic newsletters, annual reporting, and the annual AzHIP Summit. Updates will also be posted to the ADHS website.

Numerous forums were held during the development of this plan. While valuable suggestions were incorporated, additional ideas captured were not included in the first version of the plan. A complete list of these suggestions can be found [here](#) to reference and incorporate into future planning.

A sincere thank you to the dedication of those who developed this plan.

# Appendix

## Priority Core Team Members

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